

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90391 037 \*\*\*150.00

**DOCUMENT # L06591**



1. Entity Name  
**AVON HOLDINGS, INC.**

Principal Place of Business Mailing Address  
**C/O OWEN S. FREED** **C/O OWEN S. FREED**  
**2200 MUSEUM TOWER, 150 W. FLAGLER STREET** **2200 MUSEUM TOWER, 150 W. FLAGLER STREET**  
**MIAMI, FL 33130** **MIAMI, FL 33130**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



02052004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0133946** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FREED, OWEN S.**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI, FL 33130**  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FREED, OWEN S.</b>		NAME		
STREET ADDRESS	<b>150 W. FLAGLER, #2200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LAMALETTO, CAMILO</b>		NAME		
STREET ADDRESS	<b>150 FLAGLER ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LAMALETTO, GAETANO</b>		NAME		
STREET ADDRESS	<b>140 W FLAGLER ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN S. FREED 4/28/04 305-789-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #